



Sheet 1 of 1

FORM PTO-1449  
(REV. 7-80)

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.  
KAS-181

SERIAL NO.  
10/607,017

**LIST OF DOCUMENTS CITED BY APPLICANT**  
(Use several sheets if necessary)

APPLICANT  
Y. KATO et al

FILING DATE  
6/27/03 GROUP  
2856

**U.S. PATENT DOCUMENTS**

* EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
J	AA 6,332,356	12/25/01	Hecht et al			
	AB					
	AC					
	AD					
	AE					
	AF					
	AG					
	AH					
	AI					
	AJ					
	AK					

**FOREIGN PATENT DOCUMENTS**

EXAMINER INITIAL	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
J	AL 1 164 360	12/19/01	EPO			<input type="checkbox"/>	<input type="checkbox"/>
	AM 2000-304585	11/2/00	Japan			<input type="checkbox"/>	<input type="checkbox"/>
	AN 100 19 149 A	11/8/01	DE			<input type="checkbox"/>	<input type="checkbox"/>
	AO 02/18886	3/7/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP					<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)**

EXAMINER INITIAL	AR		
AS			
AT			

EXAMINER	Jewell V. Thompson	DATE CONSIDERED	8/8/04
* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.			

FORM PTO-1449 (REV. 7-80)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO. KAS-181	SERIAL NO.
<b>LIST OF DOCUMENTS CITED BY APPLICANT</b> <i>(Use several sheets if necessary)</i>		APPLICANT Y. KATO et al	
		FILING DATE June 27, 2003	GROUP

**U.S. PATENT DOCUMENTS**

* EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						

**FOREIGN PATENT DOCUMENTS**

QJ	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	YES	NO
						YES		
	AL 11-248505	9/17/99	Japan				<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>

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